



BID # RFQ-19-053

**COUNTY OF PASSAIC
PROCUREMENT CENTER
495 RIVER STREET
PATERSON, NJ 07524**

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PROCUREMENT CENTER
495 RIVER STREET
PATERSON, NJ 07524

Michael Marinello QPA, CCPO

Passaic County Purchasing

Agent

Request for Qualification

Fair and Open Process

REQUEST FOR QUALIFICATIONS

FOR THE SERVICES OF

**Expand Pool Engineers, Architects, Land Surveyors, Planners,
Landscape Architects Environmental Health and Safety/Engineering
Consultants
Calendar Year 2019**

ISSUE DATE: May 6, 2019

DUE DATE: May 21, 2019

NOTE: MUST CLEARLY IDENTIFY THEIR RFQ DOCUMENT WITH THE RFQ NAME AND RFQ OPENING DATE ON THEIR COMMON CARRIER OR COMPANY MAILING ENVELOPE. SEE SECTION 4 FOR ADDITIONAL MAILING AND DESIGNATED CONTACT PERSON INFORMATION

NOTE: The County of Passaic will consider Qualification Statements only from firms or organizations that have demonstrated the capability and willingness to provide high quality services in the manner described in this Request for Qualifications.

GLOSSARY

The following definitions shall apply to and are used in this Request for Qualifications:

“County”- refers to the County of Passaic.

“Qualification Statement” – refers to the complete responses to this RFQ submitted by the Respondents.

“Qualified Respondent” – refers to those Respondent(s) who (in the sole judgement of the County) have satisfied the qualification criteria set forth in this RFQ.

“RFQ” – refers to this Request for Qualifications, including any amendments thereof or supplements thereto.

“Respondent” or “Respondents” – refers to the interested firm(s) that submit a Qualification Statement(

1.1. Procurement Process and Schedule.

The County of Passaic has structured a procurement process that seeks to obtain the desired results described above, while establishing a competitive process to assure that each firm is provided an equal opportunity to submit a Qualification Statement. Responses to the RFQ will be evaluated in accordance with the criteria set forth in later section(s) of this RFQ, which will be applied in the same manner to each Qualification Statement received. The selection of Qualified Respondents is not subject to the provisions of the Local Public Contracts Law (N.J.S.A. 40A:11-1 et seq.). The selection is, however, subject to the New Jersey Local Unit Pay-to-Play Law (N.J.S.A. 19:44A-20.4 et seq.).

Qualification Statements will be reviewed and evaluated by the County of Passaic with assistance from its financial and legal advisors under no circumstances will a party reviewing or evaluating a qualification statement do so if their involvement would present conflict of interest as that term defined New Jersey's Local Government Ethics law N.J.S.A. 40A:9-22.1 et seq. The Qualification Statements will be reviewed to determine if the Respondent has met the minimum professional, administrative and financial criteria described in this RFQ. Based upon the totality of the information contained in the Qualification Statement, including information about the reputation and experience of each Respondent, the County of Passaic will (in its sole judgement) determine which Respondents are qualified (to perform the contemplated services). Each Respondent that meets the requirement of the RFQ (in the sole judgement of the County) will be designated as a Qualified Respondent and may be given the opportunity to submit a detailed Proposal in response to subsequent RFQ's issued by the County of Passaic.

The RFQ process commences with the issuances of this RFQ. The steps involved in the process and the anticipated completion dates are set forth in Table 1, Procurement Schedule. The County of Passaic reserves the right to, among other things, amend, modify, alter or cancel the Procurement Schedule upon notice to all potential Respondents.

All communications concerning this RFQ or the RFQ process shall be directed, in writing, to the County's Designated Contact Person as set forth herein.

Subsequent to issuance of this RFQ, the County of Passaic may modify, supplement, amend or cancel the provisions of this RFQ in order to respond to inquiries received from prospective Respondents or as otherwise deemed necessary or appropriate by, and in the sole judgment of, the County.

TABLE 1
ANTICIPATED PROCUREMENT SCHEDULE

ACTIVITY	DATE
1. Issuance of Request for Qualifications	<u>May 6, 2019</u>
2. Receipt of Qualification Statements	<u>May 21, 2019</u>

1.2. Conditions Applicable to RFO.

Upon submission of a Qualification Statement in response to this RFQ, the Respondent acknowledges and consents to the following conditions relative to the submission and review and consideration of its Qualification Statement:

- This document is an RFQ and does not constitute a Request for Proposals (“RFP”).
- This RFQ does not commit the County of Passaic to issue an RFP or to award a contract for the services contemplated by this RFQ.
- The County of Passaic reserves the right (in its sole judgement) to reject for any reason any and all responses and components thereof and to eliminate any and all Respondents responding to this RFQ from further consideration for the services contemplated by this RFQ.
- The County of Passaic reserves the right (in its sole judgement) to seek additional information, waive requirements or reject any Respondent that submits incomplete responses to this RFQ.
- The County of Passaic reserves the right (in its sole judgement) to determine those Respondents that are qualified to perform the services contemplated by this RFQ.
- The County of Passaic reserves the right, without prior notice, to supplement, amend, otherwise modify this RFQ, or otherwise request additional information.
- All Qualification Statements shall become the property of the County of Passaic and will not be returned.
- All Qualification Statements will be made available to the public at the appropriate time, as determined by the County of Passaic (in the exercise of its sole discretion and in accordance with law
- Responses to this RFQ are the property of the county of Passaic and will be “public records”. Responses that are labeled “confidential”, or that contain information identified as “confidential”, will not be acceptable for consideration by the County of Passaic.

- The County of Passaic may request Respondents to send representatives to the County of Passaic for interviews.
- Any and all Qualification Statements not received on or before the time set herein for receipt may be rejected.
- Neither the County of Passaic, nor their respective staffs, consultants or advisors shall be liable for any claims or damages resulting from the solicitation or preparation of the Qualifications Statement, nor will there be any reimbursement to Respondents for the cost of preparing and submitting a Qualifications Statement or for participating in this procurement process.

1.3. Rights of the County of Passaic

The County of Passaic reserves, holds and may exercise, at its sole discretion, the following rights and options with regard to this RFQ and the procurement process in accordance with the provisions of applicable law:

- To determine that any Qualification Statement received complies or fails to comply with the terms of this RFQ.
- To supplement, amend or otherwise modify the RFQ through issuance of addenda to all prospective Respondents who have received a copy of this RFQ.
- To waive any technical non-conformance with the terms of this RFQ.
- To change or alter the schedule for any events called for in this RFQ upon the issuance of notice to all prospective Respondents who have received a copy of this RFQ.
- To conduct investigations of any or all of the Respondents, as the County of Passaic deems necessary or convenient, to clarify the information provided as part of the Qualifications Statement and to request additional information to support the information included in any Qualification Statement.
- To suspend or terminate the procurement process described in the RFQ at any time (in its sole discretion.) If terminated, the County of Passaic may determine to commence a new procurement process or exercise any other rights provided under applicable law without any obligation to the Respondents.
- Pursuant to P.L. 2012c c.25 State and local public contracts are not permitted with persons or entitles engaging in certain investment activities in energy or finance sectors of Iran.

The County of Passaic shall be under no obligation to complete all or any portion of the procurement process described in this RFQ.

1.4. **Addenda or Amendments to RFQ.**

During the period provided for the preparation of Qualification Statement, the County of Passaic may issue addenda, amendments or answers to written inquiries. Those addenda will be noticed by the County of Passaic and will constitute a part of the RFQ. All responses to the RFQ shall be prepared with full consideration of the addenda issued prior to the designated submission date.

1.5. **Cost of Preparation.**

Each Qualification Statement and all information required to be submitted; pursuant to the RFQ shall be prepared at the sole cost and expense of the respondent. There shall be no claims whatsoever against the County of Passaic, its staff or consultants for reimbursement for the payment of costs or expenses incurred in the preparation of the Qualification Statement or other information required by the RFQ.

1.6. **Format.**

Responses should cover all information requested in this RFQ. Responses which in the judgement of the County of Passaic fail to meet the requirement of the RFQ or which are in any way conditional, incomplete, obscure, contain additions or deletions from requested information, or contain errors may be rejected.

SCOPE OF SERVICES

Engineers, Architects, Land Surveyors, Planners, Landscape Architects Environmental Health and Safety/Engineering Consultants Calendar Year 2019

All applicants shall possess a State of New Jersey license in either the engineering, architectural, surveying, planning, and/or landscape architectural professions. The applicant shall have a minimum of 5 years public sector experience and shall submit a Qualification Statement listing its' overall experience and technical and professional capabilities to perform the specific skills and services in the categories selected.

All applicants shall indicate if they are a New Jersey Department of Environmental Protection (NJDEP) Licensed Site Remediation Professional (LSRP).

The applicant shall also demonstrate the ability to work with and/or receive approvals from regulations and requirements of the local, State and Federal agencies, such as NJDOT, NJDEP, HEPSCD, ACOE, DCA, NJTPA, Utilities, etc.

All respondents are to provide proof of professional malpractice insurance in a minimum Amount of \$1,000,000.00. Please submit proof of such coverage at the time of receipt of qualifications.

The applicant shall submit an executive summary stating each category they wish to be considered for in the Qualification Statement. The executive summary shall not exceed a total of three pages.

Categories

Bridge Replacement and Rehabilitation

Roadway and Intersection Improvements

Drainage Improvements & Stormwater Management

Civil/Site Engineering

Construction Inspection & Project Management

Structural Engineering

Traffic Engineering and Safety

Dam Rehabilitation and Replacement

Geotechnical Engineering

Environmental Engineering

Asbestos Remediation

Public Building Design & Rehabilitation

Land Surveying

Geographic Information Systems

Landscape Architectural, Open Space & Park Improvements

Planning

Cultural Resources

Facilities Engineering (list specialty - Mechanical, Electrical, Plumbing, etc.)

Other (list specialties)

Check this box to indicate if you are a New Jersey Department of Environmental Protection (NJDEP) Licensed Site Remediation Professional (LSRP).

SUBMISSION REQUIREMENTS

3.1. General Requirements.

The Qualification Statement submitted by the Respondent must meet or exceed the professional, administrative and financial qualifications set forth in Section 2 and shall also incorporate the information requested below.

In addition to the information required as described below, a Respondent may submit supplemental information that it feels may be useful in evaluating its Qualification Statement. Respondents are encouraged to be clear, factual, and concise in their presentation of information.

Please take note that some overnight delivery services are now offering guaranteed delivery of your packages by 7:00 am. The county offices are not open this early and some vendors are discovering that the delivery services will not re-attempt delivery of the package until after the bid opening. Please be guided accordingly. It is incumbent upon you, the proposer, to insure that your bid is received and delivery is not simply attempted prior to the bid opening

3.2 Administrative Information Requirements.

The Respondent shall, as part of its Qualification Statement, provide the following information:

1. An executive summary (not to exceed two (2) pages) of the information contained in all the other parts of the Qualification Statement.
2. An executed Letter of Intent (see Appendix A to this RFQ).
3. An executed Certifications document (see Appendix B to this RFQ).
4. Name, address and telephone number of the firm submitting the Qualification Statement pursuant to this RFQ and the name of the key contact person.
5. A description of the business organization (i.e., corporation, partnership, joint venture, etc.) of each firm, its ownership and its organizational structure.
 - a) Provide the names and business addresses of all Principals of the firm or firms submitting the Qualification Statement. For purposes of this RFQ, "Principals" means persons possessing an ownership interest in the Respondent. If the Respondent is a corporation, "Principals" shall include each investor who would have any amount of operational control over the Respondent and every stockholder having an ownership interest of 10% or more in the firm.
 - b) If a firm is a partially owned or a full-owned subsidiary of another firm, identify the parent company and describe the nature and extent of the parents' approval rights over the activities of the firm submitting a Qualification Statement. Describe the approval process.
 - c) If the Respondent is a partnership or a joint venture or similar organization, provide comparable information as required in b) above for each member of the partnership, joint venture or similar organization.
 - d) A statement that the Respondent has complied with all applicable affirmative action (or similar) requirements with respect to its business activities, together with evidence of such compliance. Respondents are required (pursuant to Section 4 of this RFQ) to provide an Employee
 - e) Information Report demonstrating compliance with the affirmative action requirements set forth at P.L. 1975, c. 127.
6. The number of years your organization has been operating and in business under the present name.

7. The number of years the business organization has been under the current management personnel.
8. Any judgments within the last three years in which Respondent has been adjudicated liable for professional malpractice. If yes, please explain.
9. Whether the business organization is now or has been involved in any bankruptcy or re-organization proceedings in the last ten (10) years. If yes, please explain.
10. Confirm appropriate federal and state licenses to perform activities.
11. Respondents must also submit a New Jersey Business Registration Certificate (pursuant to **N.J.S.A. 54A:7-1.2**), a Stockholder Disclosure Certificate, Employee Information Report (demonstrating compliance with the affirmative action requirements set forth at P.L. 1975, c. 127)
12. **REQUIRED AFFIRMATIVE ACTION EVIDENCE:** The Provisions of Chapter 127, Public Laws of 1975, (N.J.A.C. 17-27) are applicable to this contract. All successful vendors must submit within seven (7) days of the notice of intent to award or the signing of the contract, one of the following:
 1. A photocopy of their Federal Letter of Affirmative Action Plan Approval
 2. A photocopy of their Certificate of Employee Information Report or
 3. A completed Affirmative Action Employee Information Report (AA302).

Section 3.3 Professional Information Requirements.

1. Respondent shall submit a description of its overall experience in providing the type of services sought in the RFQ. At a minimum, the following information on past experience should be included as appropriate to the RFQ:
 - a) Description and scope of work by Respondent
 - b) Name, address and contact information of at least three references
 - c) Explanation of perceived relevance of the experience to the RFQ.
2. Describe the services that Respondent would perform directly.
3. Describe those portions of the Respondent's services, if any, that are sub-contracted out. Identify all subcontractors the Respondent anticipates using in connection with this project.
4. Does the Respondent normally employ union or non-union employees?
5. Resumes of key employees (see specific requirements in Section 2 above).
6. A narrative statement of the Respondent's understanding of the County's needs and goals.
7. List all immediate relatives of Principal(s) of Respondent who are County employees or elected officials of the County. For purposes of the above, "immediate relative" means a spouse, parent, stepparent, brother, sister, child, stepchild, direct-line aunt or uncle, grandparent, grandchild, and in-laws by reason of relation.

Section 3.4 Insurance

Unless otherwise agreed in writing by the County, the contractor shall maintain such insurance as will protect him from all claims under Worker's Compensation Acts; General Liability Insurance and Professional Liability Insurance protecting him from any other claims for damage for personal injury, including death, which may arise from operations under this contract, whether such operations be by himself or by any sub-contractor or anyone directly or indirectly employed by either of them, and property damage. Guarantees of such insurance shall be in the amount of \$100,000.00 to \$300,000.00 and filed with the County if it requires, and shall be subject to its approval for adequacy of protection.

The Contractor shall carry Automobile Liability Insurance covering any owned auto (Symbol 1) in limits not less than \$250,000.00 bodily injury liability each person, \$500,000.00 each accident and a \$100,000.00 property damage liability or \$500,000-00 combined single limit. If coverage is provided under simplified auto forms, the County of Passaic is to be named as an additional insured as respects the acts of the Contractor.

The Contractor shall furnish a certificate of insurance for both Worker's Compensation and Auto Insurance. The certificate will state that insurers will provide the County of Passaic with not less than 30 days notice of termination of coverage.

In the event the Contractor shall cause his insurance coverage to lapse, the Contractor shall immediately notify the County of Passaic of such occurrence. In addition, the insurance policy additional named insured provision, **naming the County as an additional insured on same** shall contain language regarding the insurer to provide timely notification to the County about lapse in coverage. **The Contractor shall also agree to indemnify and hold harmless the County for all claims, cost and judgments arising out of the allegations of negligence, errors, omissions, or allegations otherwise sounding in tort while performing within the scope of this agreement, to include but not limited to the actions of any subcontractors or suppliers.**

SECTION 4

INSTRUCTIONS and DUE DATE

Qualification Statements must be submitted to, and be received by the County of Passaic's Designated Contact Person via mail or hand delivery by 10:30 a.m. prevailing time on **Tuesday May 21, 2019**. Qualification Statements will not be accepted by facsimile transmission or e-mail.

Designated Contact Person:

**Michael Marinello QPA, CCPO
Passaic County Procurement Center
495 River Street - 2nd Floor
Paterson, NJ 07524
Phone: 973-247-3300
Fax: 973-742-8295
mmarinello@passaiccountynj.org**

Respondents must submit an **original signatures, along with (2) paper copies plus 1on CD or USB Flash Drive** of their Qualification Statement to the Designated Contact Person.

With their Qualification Statement, respondents must submit a New Jersey Business Registration Certificate and a Stockholder Disclosure Certificate (pursuant to N.J.S.A. 40A:11-23.2), the federal EIN of the entity they are doing business under and any other requirements set forth herein.

FORM W-9

Please complete, sign and include with your bid response Form W-9 Request for Taxpayer Identification Number and Certification. Web-link: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

To be responsive, Qualification Statements must provide all requested information, and must conform to the instructions set forth herein. Qualification Statements and all related information must be bound, signed and acknowledged by the Respondent.

REQUIRED AFFIRMATIVE ACTION EVIDENCE: The Provisions of Chapter 127, Public Laws of 1975, (N.J.A.C. 17-27) are applicable to this contract. All successful vendors must submit within seven (7) days of the notice of intent to award or the signing of the contract, one of the following:

1. A photocopy of their Federal Letter of Affirmative Action Plan Approval
2. A photocopy of their Certificate of Employee Information Report or
3. A completed Affirmative Action Employee Information Report (AA302)

SECTION 5

EVALUATION CRITERIA

The County of Passaic's objective in soliciting Qualification Statements is to enable it to select a firm or organization (or multiple firms or organizations) that will provide high quality and cost effective services to the citizens of Passaic County. The County will consider Qualification Statements only from firms or organizations that, in the County's sole judgement, have demonstrated the capability and willingness to provide the services contemplated by this RFQ.

Proposals will be evaluated by the County on the basis of the most advantageous submission, all relevant factors considered. The evaluation will consider:

1. Experience and reputation in the field
2. Knowledge of the County and the subject matter addressed under the contract
3. Availability to accommodate the required meetings of the County, and
4. Other factors to be demonstrated to be in the best interest of the County

APPENDIX A

LETTER OF INTENT

(Note: To be typed on Respondent’s Letterhead. No modifications may be made to this letter)

Respondents Federal EIN: _____

Passaic County Board of Chosen Freeholders [insert date]
401 Grand Street, Room 205
Paterson, NJ 07065-2853

Attn: Anthony J. De Nova, County Administrator

Re: [insert title of RFQ]

Dear Mr. De Nova:

The undersigned, as Respondent, has submitted the attached Qualification Statement in response to a Request for Qualifications (RFQ), issued by the County of Passaic (“County”), dated [insert date], in connection with the services set forth above.

(Name of Respondent) **HEREBY STATES:**

1. *The Qualification Statement contains accurate, factual and complete information. We affirm that the contents of our Qualification Statement (which Qualification Statement is incorporated herein by reference) are accurate, factual and complete to the best of our knowledge and belief and that the Qualification Statement is submitted in good faith upon express understanding that any false statement may result in the disqualification of the undersigned Respondent.*

2. *The undersigned Respondent is interested in being invited to respond to the County of Passaic request for Qualifications (RFQ). It is the intent of Respondent, to complete and submit a Qualification Statement for the provision of the services set forth above and to enter into a contract for said services if selected and awarded a contract by the Passaic County Board of Chosen Freeholders.*

3. *The undersigned Respondent agrees to participate in good faith in the procurement process as described in the RFQ and to adhere to the County of Passaic Procurement schedule.*

4. *The undersigned Respondent agrees that all costs incurred by it (them) in connection with the preparation and submission of the Qualification Statement submitted in response to the RFQ, or any negotiation which results there from shall be borne exclusively by the Respondent.*

5. The undersigned Respondent hereby declares that the only persons participating in this Qualification Statements as Principals are named herein and that no person other than those herein mentioned has any participation in this Qualification Statement or in any contract to be entered into with respect thereto. Additional person may subsequently be include as participating principals, but only if acceptable to the County of Passaic. The undersigned Respondent further declares that this Qualification Statement is made without connection with any other person, firm or parties who has submitted a Qualification Statement, except as expressly set forth below and that it has been prepared and has been submitted in good faith and without collusion or fraud.

6. The undersigned Respondent acknowledge and agrees that the County of Passaic may modify, amend, suspend and/or terminate the procurement process (in its sole judgment). In any case, the County of Passaic shall not have any liability to the Respondent for any costs incurred by the Respondent with respect to the procurement activities described in this RFQ.

7. The undersigned Respondent acknowledges that any contract executed with respect to the provision of the above referenced services must comply with all applicable affirmative action and similar laws. Respondent hereby agrees to take such actions as are required in order to comply with such applicable laws.

8. The undersigned Respondent acknowledges and agrees that it will be obligated to satisfy the requirements set forth in Section Two of this RFQ at the time of submission of its Qualification Statement. The Respondent hereby states that (as of the date hereof) it has a reasonable expectation that it will be able to satisfy such criteria and requirements as of the date of its submittal.

[Respondent shall sign and complete the space provided below. If a joint venture, appropriate officers of each company shall sign.]

(Signature of Chief Executive Officer)

(Typed name and Title)

Typed name and Firm

Date

(If a joint venture, partnership or other formal organization is submitting a Qualification Statement, each participant shall execute this Letter of Intent.)

APPENDIX B

CERTIFICATIONS

In addition to responding to the foregoing items, the undersigned Respondent certifies that:

A. The firm's participation in the matters contemplated by this RFQ will not create any conflict of interest for the firm or any of its officers or employees.

B. The firm is an equal opportunity employer and does not discriminate against applicants or employees on the basis of race, color, religion, sex, age, disability, national origin, or ancestry.

C. The firm is not currently in violation of or under any investigation or review for a violation of any state or federal law or regulation that might have a material adverse impact on the firm's ability to serve if selected.

D. The firm understands and agrees that during the time it is a member of the group of qualified firms it will not be eligible to serve as financial advisor to the County of Passaic, and that it does not, and will not during that time, have a financial interest in any firm providing financial advisory services to the County of Passaic.

Firm: _____

By: _____

Name: _____

Title: _____

Date: _____, 20__

SIGNATURE REQUIRED ON PAGE 2 OF EXHIBIT I

STOCKHOLDER OR PARTNERSHIP DISCLOSURE CERTIFICATION

N.J.S.A. 52:25-24.2 (P.L. 1977 c33, as amended by P.L 2016 c43)

Vendors must comply with Chapter 33, Public Laws of 1977 (N.J.S.A. 52:25-24.2), requiring bidders for County contracts to submit a list of names and addresses of all stockholders owning ten percent (10%) or more of their stock of any class, or in the case of a partnership, the names and addresses of those partners owning ten percent (10%), or greater interest therein.

No corporation or partnership shall be awarded any contract nor shall any agreement be entered into for the performance of any work or the furnishing of any materials or supplies, the cost of which is to be paid with or out of any public funds, by the State, or any county, municipality or school district, or any subsidiary or agency of the State, or of any county, municipality or school district, or by any authority, board, or commission which exercises governmental functions, unless prior to the receipt of the bid or accompanying the bid, of said corporation or said partnership, there is submitted a statement setting forth the names and addresses of all stockholders in the corporation or partnership who own 10% or more of its stock, of any class or of all individual partners in the partnership who own a 10% or greater interest therein, as the case may be. **If one or more such stockholder, partner or owner is itself a corporation or partnership, the stockholder holding 10% or more of that corporation's stock, or the individual partners owning 10% or greater interest in that partnership, as the case may be, shall also be listed. The disclosure shall be continued until names and addresses of every noncorporate stockholder, and individual partner, exceeding the 10% ownership criteria established in this act, has been listed.**

FAILURE OF THE BIDDER/RESPONDENT TO SUBMIT THE REQUIRED INFORMATION IS CAUSE FOR AUTOMATIC REJECTION. N.J.S.A. 40A: 11-23.2

CHECK ONE:

I certify that the list below contains the name and addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned. However, if a parent entity holding 10% or more is a publicly traded entity, then the respondent in complying with N.J.S.A. 52:25-24.2 may submit the name and address of each publicly traded entity, and the name and address of each person holding 10% or more beneficial interest in the publicly traded entity as of the last the last annual filing with the Security Exchange Commission (SEC), or foreign equivalent.

I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

LEGAL NAME OF BIDDER: _____

Check which business entity applies:

Partnership

Corporation

Sole Proprietorship

Limited Partnership

Subchapter S Corporation

Other _____

Limited Liability Partnership

Limited Liability Corporation

Complete if the bidder/respondent is one of the 3 types of Corporation:

Date Incorporated: _____ Where Incorporated: _____

EXHIBIT I – CONTINUED (Page 2)

BUSINESS ADDRESS:

 Street Address City State Zip

 Telephone # Fax#

Listed below are the names and addresses of all stockholders, partners or individuals who own ten (10%) percent of more of its stock of any class, or who own ten (10%) percent or greater interest therein. **If one or more such stockholder, partner or owner is itself a corporation or partnership, the stockholder holding 10% or more of that corporation’s stock, or the individual partners owning 10% or greater interest in that partnership, as the case may be, shall also be listed. The disclosure shall be continued until names and addresses of every noncorporate stockholder, and individual partner, exceeding the 10% ownership criteria established in this act, has been listed.**

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Publicly Traded Parent Company Disclosure:

Submit the Website (URL) providing the last annual SEC, or foreign equivalent filing:

Please list the applicable page number(s) of the SEC or foreign equivalent filing:

Signature _____ Date _____

Printed Name & Title _____

CONTINUE ON ADDITIONAL SHEET IF NECESSARY: YES NO

EXHIBIT II

**COUNTY OF PASSAIC DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN
SIGNATURE REQUIRED ON BOTTOM OF THIS PAGE**

Solicitation Number: _____

Bidder/Offeror: _____

Pursuant to Public law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list created and maintained by the Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Director finds a person or entity to be in violation of the principles which are the subject of the law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the person or entity.

I certify, pursuant to Public Law 2012, c. 25, that the person or entity listed above for which I am authorized to bid/renew:

s not providing goods or services of \$20,000,000 or more in the energy sector of Iran, including a person or entity that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipe lines used to transport oil or liquefied natural gas, for the energy sector of Iran, AND is not a financial institution that extends \$20,000,000 or more in credit to another person or entity, for 45 days or more, if that person or entity will use the credit to provide goods or services in the energy sector in Iran.

In the event that a person or entity is unable to make the above certification because it or one of its parents, subsidiaries, or affiliates has engaged in the above-referenced activities, a detailed, accurate and precise description of the activities must be provided in part 2 below to the Division of Purchase under penalty of perjury. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN. You must provide, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

Name _____ Relationship to Bidder/Offeror _____

Description of Activities _____

Duration of Engagement _____ Anticipated Cessation Date _____

Bidder/Offeror Contact Name _____ Contact Phone Number _____

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above referenced person or entity. I acknowledge that Passaic County is relying on the information contained herein and hereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the County to notify the County in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with Passaic County, New Jersey and that the County at its option may declare any contract(s) resulting from this certification void and unenforceable.

Signature: _____ Print Name: _____

Title: _____ Date: _____

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) * _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) *	<small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
					-				-		
OR											
Employer identification number											
					-						

Part II Certification



Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person *	Date *
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State of New Jersey Business Registration Certificate Sample

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE FOR STATE AND CASINO SERVICE CONTRACTOR		 DEPARTMENT OF REVENUE DIVISION OF REVENUE PO BOX 252 TRENTON, NJ 08646
TAXPAYER NAME:	TRAOR AMF	
TAX REGISTRATION TEST ACCOUNT	CLJF CLSRAT	
TAXPAYER IDENTIFICATION:	SEQUENCE NUMBER:	
970-097-3821\$00	0107-	
Company Name: 8471 WELIUNG AV. TRENTON NJ 08611 TRIVE DAY 1	ISSUANCE DATE: 07/14/04  Acting Director	
FORM-BRC(08-01)	This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.	



STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: TAX REGISTRATION TEST ACCOUNT

Trade Name:

Address: 8471 WELIUNG AV.
TRENTON, NJ 08611

Contractor Number: 101907

Date of Issuance: October 14, 2004

For Office Use Only:

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